

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lw</i>	<i>68904</i>	<i>4/13/00</i>
O.I.P.E. CLASSIFIER		<i>43</i>	<i>7/19/00</i>
FORMALITY REVIEW		<i>73121</i>	<i>6/16/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>2/1/03</i>
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3	<i>1/26/04</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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